

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. John P. NICKNAME LAST SUFFIX Keating	OFFICE USE ONLY RECEIVED Date Received APR 30 2010 City Secretary's Office BB - 4:51 p.m. Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4932 Shoreline Drive Frisco, TX 75034		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 587-0827		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Kelly C. NICKNAME LAST SUFFIX Little		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5242 Quail Run Frisco, TX 75034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 672-8552		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 01 / 10 4 / 30 / 10		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 8 / 10		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Frisco City Council, Place 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**

John Keating

16 ACCOUNT # (Ethics Commission Filers)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. •

COMMITTEE TYPE☒ GENERAL☐ SPECIFIC**COMMITTEE NAME**

Keating for Frisco

COMMITTEE ADDRESS4932 Shoreline Dr.
Frisco, TX 75034**COMMITTEE CAMPAIGN TREASURER NAME**

Kelly Little

COMMITTEE CAMPAIGN TREASURER ADDRESS5242 Quail Run
Frisco, TX 75034☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

Ø

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2165.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

Ø

4. TOTAL POLITICAL EXPENDITURES

\$

18997.46

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

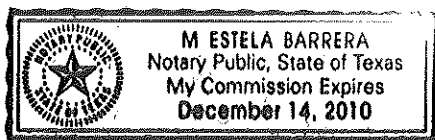
Ø

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

Ø

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Keating, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

M. Estela Barrera
Printed name of officer administering oath

Dr. Admin. Assist
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME John Keating

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-6-10

5 Full name of contributor ☐ out-of-state PAC (ID#)

Daniel S. Bollner

6 Contributor address; City; State; Zip Code

4745 Star Ridge Lane
Frisco, TX 75034

7 Amount of contribution (\$) \$285.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-8-10

Samuel D. Terry

Contributor address; City; State; Zip Code

4820 Star Ridge Lane
Frisco, TX 75034

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-14-10

Howard Rosenberg

Contributor address; City; State; Zip Code

5526 Stone Canyon Drive
Frisco, TX 75034

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-23-10

Martha S. Rasul

Contributor address; City; State; Zip Code

5275 Buena Vista Drive
Frisco, TX 75034

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-27-10

Kathryn L. Pruitt

Contributor address; City; State; Zip Code

5 Post N. Paddock
Frisco, TX 75034

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1	
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-27-10	5 Payee name Metro Mailer	7 Amount (\$) \$1058.01	
6 Payee address; City; State; Zip Code 5719 E. Rosedale, Suite 809 Fort Worth, TX 76112			
8 Purpose of payment (See instructions regarding type of information required.) Mailer (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4-14-10	Payee name Frisco Lakes Community Association	Amount (\$) \$300.00	
Payee address; City; State; Zip Code Frisco, TX 75034			
Purpose of payment (See instructions regarding type of information required.) Meet & Greet 4-16-10 (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4-15-10	Payee name Frisco Style Magazine, Style Publishing Group	Amount (\$) \$600.00	
Payee address; City; State; Zip Code P.O. Box 1676 Frisco, TX 75034			
Purpose of payment (See instructions regarding type of information required.) Candidate Profile (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4-14-10	Payee name Clear Channel Outdoor	Amount (\$) \$2998.00	
Payee address; City; State; Zip Code 3700 E. Randall Mill Road Arlington, TX 76011			
Purpose of payment (See instructions regarding type of information required.) Digital Billboard (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			